



DECLARATION OF CANDIDACY FOR STATE CONVENTION DELEGATE

(CAN-37)

State Form 47417 (R5/12-03)

Indiana Election Commission (IC 3-8-1-32 and IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for State Convention Delegate. A declaration of candidacy for election as a state convention delegate must be filed with the county election board or Lake or Tippecanoe County boards of elections and registration **no later than noon, February 20, 2004** and **no earlier than January 21, 2004**. Please print or type all information on this form except for signature.

STATE OF INDIANA

COUNTY OF _____

GENERAL INFORMATION

I, _____ the undersigned, certify the following:
Name of Candidate

(1) I am a registered voter of Precinct _____ of the Township of _____,
(or of Ward _____ of the City or Town of _____), County of _____, State of Indiana.

(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (*check one*)

☐ Democratic Party or the ☐ Republican Party for the office of State Convention Delegate, District _____

(*insert the state convention delegate district name or number, or if running at large as delegate, the county name*) to be voted on at the primary election to be held on May 4, 2004.

(3) I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including having voted for the candidates of the party listed above in the most recent primary in which I voted, unless I have not voted in any previous primary election).

RESIDENCY INFORMATION

(4) My complete residence address is:

_____, Indiana _____
Complete residence address must be inserted City Zip Code

(5) My mailing address is (*if different from residence address*):

_____, Indiana _____
Mailing address (*Write "SAME" if both addresses are identical*) City Zip Code

CANDIDATE NAME INFORMATION

I request that my name appear on the primary election ballot in the following manner:

(Include any Nickname and/or Suffix, Jr. Sr. II III IV)

CERTIFICATION

I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature Date signed (MM/DD/YY) (_____) Telephone (Day) (_____) Telephone (Evening)

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, 2004.

Notary Public or Other Official Administering Oath

My Commission expires (*applies only to Notary Public*): _____

County of Residence: _____

SEAL